

Lister Home Incorporated - Lister Home

Introduction

This report records the results of a Certification Audit of a provider of aged residential care services against the Health and Disability Services Standards (NZS8134.1:2008; NZS8134.2:2008 and NZS8134.3:2008).

The audit has been conducted by BSI Group New Zealand Ltd, an auditing agency designated under section 32 of the Health and Disability Services (Safety) Act 2001, for submission to the Ministry of Health.

The abbreviations used in this report are the same as those specified in section 10 of the Health and Disability Services (General) Standards (NZS8134.0:2008).

You can view a full copy of the standards on the Ministry of Health's website by clicking [here](#).

The specifics of this audit included:

Legal entity: Lister Home Incorporated

Premises audited: Lister Home

Services audited: Hospital services - Medical services; Hospital services - Geriatric services (excl. psychogeriatric); Rest home care (excluding dementia care)

Dates of audit: Start date: 18 January 2021 End date: 19 January 2021

Proposed changes to current services (if any): None

Total beds occupied across all premises included in the audit on the first day of the audit: 58

Executive summary of the audit

Introduction

This section contains a summary of the auditors' findings for this audit. The information is grouped into the six outcome areas contained within the Health and Disability Services Standards:

- consumer rights
- organisational management
- continuum of service delivery (the provision of services)
- safe and appropriate environment
- restraint minimisation and safe practice
- infection prevention and control.

As well as auditors' written summary, indicators are included that highlight the provider's attainment against the standards in each of the outcome areas. The following table provides a key to how the indicators are arrived at.

Key to the indicators

Indicator	Description	Definition
	Includes commendable elements above the required levels of performance	All standards applicable to this service fully attained with some standards exceeded
	No short falls	Standards applicable to this service fully attained
	Some minor shortfalls but no major deficiencies and required levels of performance seem achievable without extensive extra activity	Some standards applicable to this service partially attained and of low risk

Indicator	Description	Definition
	A number of shortfalls that require specific action to address	Some standards applicable to this service partially attained and of medium or high risk and/or unattained and of low risk
	Major shortfalls, significant action is needed to achieve the required levels of performance	Some standards applicable to this service unattained and of moderate or high risk

General overview of the audit

Lister Home provides rest home and hospital level care for up to 63 residents. On the day of audit there were 58 residents.

This certification audit was conducted against the relevant Health and Disability Services Standards and the contract with the district health board. The audit process included a review of policies and procedures, the review of residents and staff files, observations and interviews with residents, relatives, staff, general practitioners and management.

The non-clinical facility manager has been in the position since April 2019. She is supported by an experienced clinical manager, registered nurses, and a team of long-serving experienced staff. Residents and relatives commented very positively on the services and care received at Lister home.

There was one improvement identified at this certification audit around care planning timeframes.

Consumer rights

Includes 13 standards that support an outcome where consumers receive safe services of an appropriate standard that comply with consumer rights legislation. Services are provided in a manner that is respectful of consumer rights, facilities, informed choice, minimises harm and acknowledges cultural and individual values and beliefs.		Standards applicable to this service fully attained.
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Lister Home provides an environment that supports resident rights. Staff demonstrated an understanding of residents' rights and obligations. Residents receive services in a manner that considers their dignity, privacy and independence. Written information regarding consumers' rights is provided to residents and relatives. There is evidence that residents and relatives are kept informed. The rights of the resident and/or their family to make a complaint is understood, respected and upheld by the service. Care plans accommodate the choices of residents and/or their family/whānau. Complaints processes are implemented, and complaints and concerns are actively managed and well documented.

Organisational management

Includes 9 standards that support an outcome where consumers receive services that comply with legislation and are managed in a safe, efficient and effective manner.

Standards applicable to this service fully attained.

The service has fully implemented the quality and risk management system. Services are planned, coordinated, and are appropriate to the needs of the residents. Quality goals are documented for the service. A risk management programme is in place, which includes incident and accident reporting, and health and safety processes. The health and safety programme meets current legislative requirements.

Adverse, unplanned and untoward events are documented by staff, and followed up by registered nurses.

Human resources are managed in accordance with good employment practice. An orientation programme and regular staff education and training are in place.

Continuum of service delivery

Includes 13 standards that support an outcome where consumers participate in and receive timely assessment, followed by services that are planned, coordinated, and delivered in a timely and appropriate manner, consistent with current legislation.		Some standards applicable to this service partially attained and of low risk.
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The clinical manager takes responsibility for managing entry to the service. Comprehensive service information is available. Initial assessments are completed by the registered and enrolled nurses, including interRAI assessments. Care plans are comprehensive and reflect the needs of the residents. Residents and family interviewed confirmed they were involved in the care planning and review process. Each resident has access to the group activities programme. The group programme is varied and interesting with a focus on community involvement and maintaining residents' past and present interests. Medicines are stored and managed appropriately in line with legislation and guidelines. General practitioners review residents at least three-monthly or more frequently if needed. Meals are prepared on site. The menu is varied and appropriate. Individual and special dietary needs are catered for. Residents interviewed were complimentary about the food service.

Safe and appropriate environment

Includes 8 standards that support an outcome where services are provided in a clean, safe environment that is appropriate to the age/needs of the consumer, ensure physical privacy is maintained, has adequate space and amenities to facilitate independence, is in a setting appropriate to the consumer group and meets the needs of people with disabilities.		Standards applicable to this service fully attained.
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The building has a current warrant of fitness and emergency evacuation plan. All rooms are single and personalised. The environment is warm and comfortable. There is adequate room for residents to move freely about the home using mobility aids. Communal areas are utilised for group and individual activities. The dining and lounge seating placement encourages social

interaction. Other outdoor areas are safe and accessible for the residents. There is adequate equipment for the safe delivery of care. All chemicals are stored safely. The staff maintain a tidy, clean environment.

Restraint minimisation and safe practice

Includes 3 standards that support outcomes where consumers receive and experience services in the least restrictive and safe manner through restraint minimisation.

Standards applicable to this service fully attained.

Restraint minimisation and safe practice policies and procedures are in place. Staff receives training in restraint minimisation and challenging behaviour management. On the day of audit, the service had five residents using restraint and one resident using an enabler. Appropriate assessments, interventions, monitoring, and timely reviews were fully documented.

Infection prevention and control

Includes 6 standards that support an outcome which minimises the risk of infection to consumers, service providers and visitors. Infection control policies and procedures are practical, safe and appropriate for the type of service provided and reflect current accepted good practice and legislative requirements. The organisation provides relevant education on infection control to all service providers and consumers. Surveillance for infection is carried out as specified in the infection control programme.

Standards applicable to this service fully attained.

Infection control is led by a registered nurse, who is part of the quality team. The infection control policy identifies the roles of the infection control coordinator.

The infection control programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the infection control coordinator, management and the quality team. Staff are informed about infection control practises through meetings, training and information posted up on staff noticeboards.

Surveillance data is undertaken. Infection incidents are collected and analysed for trends and the information used to identify opportunities for improvements.

Summary of attainment

The following table summarises the number of standards and criteria audited and the ratings they were awarded.

Attainment Rating	Continuous Improvement (CI)	Fully Attained (FA)	Partially Attained Negligible Risk (PA Negligible)	Partially Attained Low Risk (PA Low)	Partially Attained Moderate Risk (PA Moderate)	Partially Attained High Risk (PA High)	Partially Attained Critical Risk (PA Critical)
Standards	0	49	0	1	0	0	0
Criteria	0	100	0	1	0	0	0

Attainment Rating	Unattained Negligible Risk (UA Negligible)	Unattained Low Risk (UA Low)	Unattained Moderate Risk (UA Moderate)	Unattained High Risk (UA High)	Unattained Critical Risk (UA Critical)
Standards	0	0	0	0	0
Criteria	0	0	0	0	0

Attainment against the Health and Disability Services Standards

The following table contains the results of all the standards assessed by the auditors at this audit. Depending on the services they provide, not all standards are relevant to all providers and not all standards are assessed at every audit.

Please note that Standard 1.3.3: Service Provision Requirements has been removed from this report, as it includes information specific to the healthcare of individual residents. Any corrective actions required relating to this standard, as a result of this audit, are retained and displayed in the next section.

For more information on the standards, please click [here](#).

For more information on the different types of audits and what they cover please click [here](#).

Standard with desired outcome	Attainment Rating	Audit Evidence
Standard 1.1.1: Consumer Rights During Service Delivery Consumers receive services in accordance with consumer rights legislation.	FA	Lister Home ensures that all residents and relatives are informed about the Health and Disability Commissioner (HDC) Code of Health and Disability Services Consumers' Rights (the Code). There are posters displayed in visible locations throughout the facility. Policies around the Code are implemented, and staff could describe how the Code is incorporated in their everyday delivery of care. Staff receive training about the Code during their induction to the service, which continues through in-service education and training (last held February 2020). Interviews with staff (one facility manager, one clinical manager, three registered nurses, one enrolled nurse, thirteen caregivers, one diversional therapist, one activities assistant, the physiotherapist, the cook, maintenance/gardener person, and a housekeeper), reflected their understanding of the key principles of the Code.
Standard 1.1.10: Informed Consent Consumers and where appropriate their family/whānau of choice are provided with the information they need to make informed	FA	The service has policies and procedures relating to informed consent and advanced directives. All eight files reviewed (five hospital and three rest home) included signed informed consent forms and advanced directive instructions. Admission agreements were sighted which were signed by the resident or nominated representative. Discussion with residents and families identified that the service actively involves them in decision making.

choices and give informed consent.		
Standard 1.1.11: Advocacy And Support Service providers recognise and facilitate the right of consumers to advocacy/support persons of their choice.	FA	Information on advocacy services through the HDC office is included in the resident information pack that is provided to residents and their relatives on admission. Pamphlets on advocacy services are available at the reception area. Interviews with the residents and relatives confirmed their understanding of the availability of advocacy (support) services. Staff receive education and training on the role of advocacy services (February 2020).
Standard 1.1.12: Links With Family/Whānau And Other Community Resources Consumers are able to maintain links with their family/whānau and their community.	FA	Residents and relatives interviewed confirmed open visiting. Visitors were observed coming and going during the audit. The service encourages the residents to maintain relationships with their family, friends and community groups by encouraging their attendance at functions and events. The service provides assistance to ensure that the residents are able to participate in as much as they can safely and desire to do. Resident meetings are held six monthly. Zoom meetings are available for residents and relatives to utilise. One resident interviewed is supported to go out to cafés, go shopping and go to the library. Another resident interviewed has input from an external provider.
Standard 1.1.13: Complaints Management The right of the consumer to make a complaint is understood, respected, and upheld.	FA	The complaints procedure is provided to residents and relatives on entry to the service. The facility manager maintains a record of all complaints, both verbal and written, by using a complaint register. Documentation including follow-up letters and resolution, demonstrates that complaints are being managed in accordance with guidelines set by the Health and Disability Commissioner. Eight complaints were logged from May – December 2019, 23 complaints were logged for 2020, which included 10 care related complaints, and one complaint for 2021 year to date. All complaints documented a comprehensive investigation, follow-up, and replies to the complainant. Complaints all included a section to confirm that the complainant was satisfied with the outcome. Trends are analysed and have resulted in a corrective action around timing of answering call bells. Discussions with residents and relatives confirmed they were provided with information on complaints and complaints forms. Complaints forms are in a visible location in the reception area.
Standard 1.1.2: Consumer Rights During Service	FA	Details relating to the Code are included in the resident information pack that is provided to new residents and their family. This information is also available at reception area. The clinical manager and registered

<p>Delivery</p> <p>Consumers are informed of their rights.</p>		<p>nurses discuss aspects of the Code with residents and their relatives on admission.</p> <p>Discussions relating to the Code are held during the resident meetings. The five residents (two hospital and three rest home) and three relatives (one rest home and two hospital) interviewed, reported that the residents' rights are being upheld by the service.</p>
<p>Standard 1.1.3: Independence, Personal Privacy, Dignity, And Respect</p> <p>Consumers are treated with respect and receive services in a manner that has regard for their dignity, privacy, and independence.</p>	FA	<p>It was observed that residents are treated with dignity and respect. Residents and family interviewed were positive about the service in relation to their values and beliefs being considered and met. Privacy is ensured, and independence is encouraged. Residents' files and care plans identified residents preferred names. Values and beliefs information is gathered on admission with family involvement and is integrated into the residents' care plans. Spiritual needs are identified, and church services are held. There is a policy on abuse and neglect and staff have received training in December 2019, and privacy in November 2020.</p>
<p>Standard 1.1.4: Recognition Of Māori Values And Beliefs</p> <p>Consumers who identify as Māori have their health and disability needs met in a manner that respects and acknowledges their individual and cultural, values and beliefs.</p>	FA	<p>The service is committed to ensuring that the individual interests, customs, beliefs, cultural and ethnic backgrounds of Māori are valued and fostered within the service.</p> <p>Staff receive education on cultural awareness during their induction to the service and as a regular in-service topic (last held in November 2020). The caregivers interviewed were aware of the importance of whānau in the delivery of care for Māori residents. There were two residents who identified as Māori on the days of the audit. Each of the resident care plans identified affiliations, and preferences. Whānau input was identified. The service has links to the local marae and support residents to attend as they wish.</p>
<p>Standard 1.1.6: Recognition And Respect Of The Individual's Culture, Values, And Beliefs</p> <p>Consumers receive culturally safe services which recognise and respect their ethnic, cultural, spiritual values, and beliefs.</p>	FA	<p>The service identifies the residents' personal needs and values from the time of admission. This is achieved with the resident, family and/or their representative. Cultural values and beliefs are discussed and incorporated into the residents' care plans. The residents and relatives interviewed confirmed they were involved in developing the resident's plan of care, which included the identification of individual values and beliefs. The care plans reviewed included the resident's social, spiritual, cultural and recreational needs.</p>

<p>Standard 1.1.7: Discrimination</p> <p>Consumers are free from any discrimination, coercion, harassment, sexual, financial, or other exploitation.</p>	FA	<p>A staff Code of Conduct/house rules is discussed during the new employee's induction to the service and is signed by the new employee. Professional boundaries are defined in job descriptions. Interviews with caregivers confirmed their understanding of professional boundaries, including the boundaries of the caregivers' role and responsibilities.</p>
<p>Standard 1.1.8: Good Practice</p> <p>Consumers receive services of an appropriate standard.</p>	FA	<p>Evidence-based practice is evident, promoting and encouraging good practice. Registered nursing staff are available seven days a week, 24-hours a day. Each resident can remain with their own general practitioner (GP). The GP for each resident review's residents identified as stable every three months, with more frequent visits for those residents whose condition is not deemed stable.</p> <p>The service has a multidisciplinary team approach with input from allied health professionals, residents and relatives. Physiotherapy services are provided weekly. The physiotherapist interviewed was complimentary of the services provided at Lister Home. A podiatrist is on site on a regular basis. An occupational therapist has been employed.</p> <p>The policies and procedures meet the standards and are based on best practice. Incidents, accidents and infection data are benchmarked with others through the electronic system provided by the external quality consultant.</p> <p>There is a regular in-service education and training programme for staff. The service encourages and supports staff to gain New Zealand Qualification Authority through the Careerforce programme. Six of nine registered nurses are competent in interRAI assessments (including the clinical manager). Registered nurses are enrolled onto an online education system.</p> <p>The service has a focus on residents with dementia and diversifying the activities programme. There is a plan in place to increase one-on-one time with residents and focussing activities around resident abilities and interests. The service has links with the local community and encourages residents to remain independent. Staffing has been increased to meet resident acuity.</p>
<p>Standard 1.1.9: Communication</p> <p>Service providers communicate effectively with consumers and provide an environment conducive to</p>	FA	<p>Policies and procedures relating to accident/incidents, complaints and open disclosure policy alert staff to their responsibility to notify family/next of kin of any accident/incident that occurs.</p> <p>Electronic accident/incident forms have a section to indicate if next of kin have been informed (or not) of an accident/incident. Fifteen accident/incident forms reviewed (from January 2021), identified relatives are kept informed. Relatives interviewed stated that they are kept informed when their family member's health status changes. The service has supported residents contacting relatives via email and zoom. The</p>

effective communication.		<p>electronic rostering system is utilised for staff communication.</p> <p>An interpreter policy and contact details of interpreters is available. Interpreter services are used where indicated.</p> <p>Non-subsidised residents are advised in writing of their eligibility and the process to become a subsidised resident should they wish to do so. The residents and family are informed prior to entry of the scope of services and any items they have to pay for that are not covered by the agreement.</p>
<p>Standard 1.2.1: Governance</p> <p>The governing body of the organisation ensures services are planned, coordinated, and appropriate to the needs of consumers.</p>	FA	<p>Lister Home and Hospital is governed by a community trust board, comprised of representatives from all local churches and the community in Waimate. The service provides care for up to 63 residents at hospital (geriatric and medical) and rest home level care. There is one bedroom designated for respite care, a palliative care suite and up to sixteen dual-purpose beds.</p> <p>On the day of the audit, there were 58 residents in total – 27 at rest home level (including one private payer, one under mental health contract, one under a Life Links MOH contract) and 31 hospital level (including one younger person on a disability (YPD) contract).</p> <p>The service has a strategic plan, a quality and risk plan, and a risk and management plan documented. Organisation goals are documented and reflect the philosophy of the service.</p> <p>The facility manager reports to the board monthly, against the quality and risk plans and on a variety of operational issues. The clinical manager reports on clinical matters.</p> <p>Lister Home is managed by a non-clinical facility manager who has been in the role since April 2019. She has a background in accounting and business ownership and was a business lecturer at ARA. The manager is supported by a clinical manager (RN), who has worked at the facility since April 2020, and has a background in aged care, sales and management. An enrolled nurse (EN) who has worked at Lister Home for 25 years manages the rest home area. The management team are supported by registered nurses and long-standing caregivers.</p> <p>The facility manager has completed a minimum of eight hours of professional development relating to the management of an aged care service in the past twelve months including attendance at the New Zealand Aged Care Association (NZACA) conference, attends the monthly DHB meetings and the compulsory education at the facility. The clinical manager attended the NZACA conference, and a NZACA RN study day and completes in-house training sessions.</p>
Standard 1.2.2: Service	FA	The clinical manager takes on the managers role in the temporary absence of the facility manager with

<p>Management</p> <p>The organisation ensures the day-to-day operation of the service is managed in an efficient and effective manner which ensures the provision of timely, appropriate, and safe services to consumers.</p>		<p>support from the registered nurses, enrolled nurse and administration assistant.</p>
<p>Standard 1.2.3: Quality And Risk Management Systems</p> <p>The organisation has an established, documented, and maintained quality and risk management system that reflects continuous quality improvement principles.</p>	<p>FA</p>	<p>Lister Home has fully implemented the quality and risk management programme which has been purchased from an external consultant. Policies and procedures and associated implementation systems provide a good level of assurance that the facility is meeting accepted good practice and adhering to relevant standards. A document control system is in place. Policies are regularly reviewed. New policies or changes to policy are communicated to staff.</p> <p>There is an audit schedule in place, with evidence of internal audits occurring as per the audit schedule. Corrective actions are implemented for audits as needed. Meetings are held bi-monthly and include a full staff meeting, separate rest home and hospital caregiver meetings, combined quality infection control and health and safety meetings. All meeting minutes include discussions around quality data and issues acted upon. A new initiative for 2021 is to have separate quality meetings and combine health and safety and infection control meetings. The service collates and evaluates a comprehensive range of quality and risk data. The service collates incidents and accidents and infection control outcomes and implements action plans when the service falls outside the industry norm limits set by the electronic database.</p> <p>The 2020 resident satisfaction survey evidenced an increase in respondents at 45% compared to 33.9% in 2019. There was an increase in satisfaction in 2020 around resident rooms, staffing, activities and residents feeling their needs were met. A low area of satisfaction was around the timeliness of answering call bells. A corrective action has been implemented. The relatives survey also evidenced overall satisfaction, with high satisfaction around communication, staff and the meal service.</p> <p>A health and safety system is in place with identified health and safety goals. The facility manager is the health and safety officer and has experience in lecturing around the health and safety regulations. The health and safety committee are representative of the facility. All members of the committee attended external training in 2019. Hazard identification forms (in both paper and electronic format) and an up-to-date hazard register is in place. All contractors are inducted to the facility. The facility has recently subsidised kitchen staff to purchase safety shoes.</p> <p>Lister Home has individual fall prevention strategies in place to include a three-day follow-up.</p>

<p>Standard 1.2.4: Adverse Event Reporting</p> <p>All adverse, unplanned, or untoward events are systematically recorded by the service and reported to affected consumers and where appropriate their family/whānau of choice in an open manner.</p>	<p>FA</p>	<p>Individual electronic reports are completed for each incident/accident, with immediate action noted and any follow-up action(s) required. Incident/accident data is collated online and benchmarked across comparable services. Fifteen resident related accident/incident forms were reviewed (seven rest home and eight hospital). Each event involving a resident reflected a clinical assessment and follow-up by a registered nurse. Incidents are benchmarked and analysed for trends. Neurological observations are conducted for suspected head injuries.</p> <p>The managers are aware of their requirement to notify relevant authorities in relation to essential notifications. There have been five section 31 notifications made since the previous audit including two for resident altercations, one outbreak and two for the change in clinical manager (temporary and permanent).</p> <p>There has been one notification to Public Health in July 2020 regarding a gastroenteritis outbreak. The outbreak was well managed, logs and daily updates were documented and a debrief was held post outbreak.</p>
<p>Standard 1.2.7: Human Resource Management</p> <p>Human resource management processes are conducted in accordance with good employment practice and meet the requirements of legislation.</p>	<p>FA</p>	<p>There are human resources policies in place, including recruitment, selection, orientation and staff training and development. Ten staff files reviewed (the clinical manager, two registered nurses, four caregivers [two hospital and two rest home], one diversional therapist, one housekeeper and one cook) evidenced implementation of the recruitment process, employment contracts, completed orientation and annual performance appraisals. A register of practising certificates was maintained.</p> <p>The service has an orientation programme in place that provides new staff with relevant information for safe work practice and includes buddyng when first employed.</p> <p>A competency programme is in place. Core competencies are completed annually, and a record of completion is maintained (signed competency questionnaires sighted in reviewed files included: restraint, manual handling, hand hygiene, infection control, personal protective equipment (PPE), resident rights, cultural safety and medication).</p> <p>There is an annual education and training schedule being implemented. The caregivers undertake aged care education (Careerforce). Currently there are seven caregivers who have achieved level 4 NZQA, 19 with level 3, three caregivers with level 2. Fifteen caregivers have more than five years' experience in aged care.</p> <p>Education and training for clinical staff is linked to external education provided by the district health board. Registered nurse specific training viewed included: syringe driver, wound care, catheterisation and first aid. Six of nine registered nurses (including the clinical manager) and the enrolled nurse are interRAI trained.</p>

<p>Standard 1.2.8: Service Provider Availability</p> <p>Consumers receive timely, appropriate, and safe service from suitably qualified/skilled and/or experienced service providers.</p>	<p>FA</p>	<p>There is a total of 85 clinical and non-clinical staff. There is a staffing rational and policy, staffing levels meet contractual requirements.</p> <p>The management team includes: The facility manager and the clinical manager Monday to Friday. The clinical manager is on call after-hours with other registered nurses.</p> <p>Staffing includes:</p> <p>Hospital – 31 residents.</p> <p>Morning shift has one registered nurse rostered, who is supported by seven caregivers – 1x 6.45 am to 3.15 pm, 1x 6.45 am to 3 pm, 2x 7.30 am to 1 pm (one float between rest home and hospital), 2x 8.30 am to 1 pm (one float between rest home and hospital), and one flexi shift from 9 am to 2.30 pm (depending on acuity of residents).</p> <p>Afternoon shift has one registered nurse rostered, who is supported by six caregivers- 1x 2.45 pm to 11.15 pm, 1x 3.30 pm to 10.30 pm, 1x 4 pm to 8 pm, 1x 5 pm to 9 pm, 1x 5 pm to 8 pm and one flexi shift from 6.30 pm to 9.30 pm.</p> <p>Night shift is covered by one registered nurse and one caregiver from 10.45 pm to 7.15 am.</p> <p>Rest Home- 27 residents including two hospital residents.</p> <p>Morning shift has the enrolled nurse Monday to Thursday from 7.30 am to 4 pm. She is supported by four caregivers- 1x 7 am to 3.30 pm, 2x 7.30 am to 1 pm, 1x 8.30 am to 11.30 am.</p> <p>Afternoon shift has three caregivers- 1x 3 pm to 11.15 pm, 1x 4.30 pm to 8.30 pm and 1x 5 pm to 8 pm.</p> <p>Night shift is covered by one caregiver from 11 pm to 7.30 am.</p> <p>The registered nurse provides oversight of the rest home. The afternoon and nightshift caregivers have full medication competencies, and first aid certificates.</p> <p>Interviews with the residents, relatives and staff confirmed staffing was satisfactory.</p>
<p>Standard 1.2.9: Consumer Information Management Systems</p> <p>Consumer information is uniquely identifiable, accurately recorded, current, confidential, and accessible</p>	<p>FA</p>	<p>The resident files are appropriate to the service type. Residents entering the service have all relevant initial information recorded within 24 hours of entry into the resident's individual record. Personal resident information is kept confidential and cannot be viewed by other residents or members of the public. Residents' hard copy files are protected from unauthorised access by being held securely. Archived records are secure in separate locked and secure areas. All electronic resident information is password protected.</p> <p>Residents' files demonstrated service integration. Entries on the paper-based resident files were legible,</p>

when required.		timed, dated and signed by the relevant caregiver or nurse, including designation. Electronic files identified the staff member by individual log in details.
Standard 1.3.1: Entry To Services Consumers' entry into services is facilitated in a competent, equitable, timely, and respectful manner, when their need for services has been identified.	FA	The service has admission policies and processes in place. Residents receive an information pack outlining services able to be provided, the admission process and entry to the service. The clinical manager screens all potential residents prior to entry. Residents and relatives interviewed confirmed they received information prior to admission and had the opportunity to discuss the admission agreement with the facility manager and clinical manager. The admission agreement form in use aligns with the requirements of the ARRC services agreement.
Standard 1.3.10: Transition, Exit, Discharge, Or Transfer Consumers experience a planned and coordinated transition, exit, discharge, or transfer from services.	FA	There are policies in place to ensure the discharge of residents occurs correctly. Residents who require emergency admissions to hospital are managed appropriately and relevant information is communicated to the DHB. The service ensures appropriate transfer of information occurs. Relatives are notified if transfers occur.
Standard 1.3.12: Medicine Management Consumers receive medicines in a safe and timely manner that complies with current legislative requirements and safe practice guidelines.	FA	The medication management policies and procedures comply with medication legislation and guidelines. Medicines are appropriately stored in accordance with relevant guidelines and legislation. Resident's medicines are stored securely. Medication administration practice complies with the medication management policy for the medication rounds sighted. Sixteen medication charts were reviewed on the electronic medication management system. There was evidence of three-monthly reviews by the GP. Allergies and special administration instructions were recorded. The registered nurses administer medications to hospital level residents and medication competent caregivers administer medicines to rest home level residents. All staff who administer medicines are competent and have received medication management training. Registered nurses complete annual syringe driver training and competencies. The facility uses a blister packed medication management system for the packaging of all tablets. The RN reconciles the delivery and documents this. There was one hospital level resident self-administering medication on the days of audit. Competencies and reviews had been conducted by the GP. There are no standing orders.
Standard 1.3.13: Nutrition,	FA	All meals are prepared and cooked on site at Lister Home. There is a four-weekly seasonal menu which

<p>Safe Food, And Fluid Management</p> <p>A consumer's individual food, fluids and nutritional needs are met where this service is a component of service delivery.</p>		<p>has been reviewed by a dietitian. Dietary needs are known with individual likes and dislikes accommodated. All food preferences are met. The Food Control Plan has been verified by the local district council and the kitchen has been audited independently with all corrective actions completed.</p> <p>Staff were observed assisting residents with their meals and drinks. Supplements are provided to residents with identified weight loss issues. Resident meetings and surveys allow for the opportunity for resident feedback on the meals and food services generally. Residents and family members interviewed were satisfied with the food and confirmed alternative food choices were offered for dislikes.</p> <p>Fridge, freezer and chiller temperatures are taken and recorded daily. End cooked food temperatures and food temperatures prior to the food being served to the residents are recorded. All food services staff have completed food safety and hygiene and chemical safety.</p>
<p>Standard 1.3.2: Declining Referral/Entry To Services</p> <p>Where referral/entry to the service is declined, the immediate risk to the consumer and/or their family/whānau is managed by the organisation, where appropriate.</p>	FA	<p>The service has an accepting/declining entry to service policy. The referral agency and potential resident and/or family member would be informed of the reason for declining entry. Reasons for declining entry would be if there are no beds available or the service cannot provide the level of care required.</p>
<p>Standard 1.3.4: Assessment</p> <p>Consumers' needs, support requirements, and preferences are gathered and recorded in a timely manner.</p>	FA	<p>Files sampled indicated that all appropriate personal needs information is gathered during admission in consultation with the resident and their relative where appropriate. Files sampled contained appropriate assessment tools that were completed and assessments that were reviewed at least six-monthly or when there was a change to a resident's health condition. The interRAI assessment tool is implemented. InterRAI assessments have been completed for all residents. Care plans sampled were developed based on these assessments with exceptions (see 1.3.3.3).</p>
<p>Standard 1.3.5: Planning</p> <p>Consumers' service delivery plans are consumer focused, integrated, and promote continuity of service delivery.</p>	FA	<p>The long-term care plans reviewed described the support required to meet the resident's goals and needs and identified allied health involvement under a comprehensive range of template headings. The interRAI assessment process informs the development of the resident's care plan. Residents and their family/whānau interviewed reported that they are involved in the care planning and review process, which was also evidenced in the files reviewed. Short-term care plans are in use for changes in health status. Care plans are comprehensive and provide detailed interventions for care staff to follow. Staff interviewed</p>

		reported they found the plans easy to follow.
Standard 1.3.6: Service Delivery/Interventions Consumers receive adequate and appropriate services in order to meet their assessed needs and desired outcomes.	FA	<p>The registered nurses (RN), enrolled nurse and caregivers follow the care plans and report progress against the care plans each shift at handover. If external nursing or allied health advice is required, the RNs will initiate a referral (eg, to the district nurse or wound care specialist nurse). If external medical advice is required, this will be actioned by the GPs. Staff have access to sufficient medical supplies (eg, dressings). Sufficient continence products are available and resident files include a continence assessment and plan as part of the plan of care. Specialist continence advice is available as needed and this could be described.</p> <p>Wound assessments, treatment and evaluation plans were in place for four rest home residents and seven hospital level residents. There was one rest home resident with a stage 2 healing sacral pressure injury, and one hospital level resident with a stage 2 healing sacral pressure injury. The wounds had been reviewed in appropriate timeframes. The RN has access to specialist nursing wound care management advice through the district nursing service or the medical practice. The service has pressure relieving mattresses and seat cushions in use.</p> <p>Interviews with the registered nurses and caregivers demonstrated an understanding of the individualised needs of residents. Care plan interventions demonstrate interventions to meet residents' needs. There was evidence of pressure injury prevention interventions such as food and fluid charts, resident involvement in the exercise and activity programme, management of incontinence, regular monitoring of bowels and regular (monthly or more frequently if required) weight management.</p>
Standard 1.3.7: Planned Activities Where specified as part of the service delivery plan for a consumer, activity requirements are appropriate to their needs, age, culture, and the setting of the service.	FA	<p>The service provides activities staff for over 70 hours per week - two diversional therapists (DT) for a total of 40 hours per week, and two activities assistants for a total of 31 hours per week. The assistants are both completing their DT apprenticeships. The activity programme is planned around meaningful everyday activities such as gardening, baking, preparing tea meals, reminiscing, van rides, shopping trips to town, maintaining a vegetable garden, and walks.</p> <p>There is evidence that the residents have input into review of the programme via the resident survey and this feedback is considered in the development of the resident's activity programme. The activity programme is developed monthly.</p> <p>A social profile is completed on admission in consultation with the resident/family (as appropriate). The activities documentation in the resident files sampled reflected the specific requirements of each resident. Residents interviewed evidenced that the activity programme had a focus on maintaining independence and everyday activities of daily living.</p>

		In the files reviewed the activities plans had been reviewed six-monthly.
Standard 1.3.8: Evaluation Consumers' service delivery plans are evaluated in a comprehensive and timely manner.	FA	The registered nurse evaluates all initial care plans within three weeks of admission. Files sampled demonstrated that the long-term care plan was evaluated at least six-monthly or earlier if there is a change in health status. There was at least a three-monthly review by the GP. All changes in health status were documented and followed up. Reassessments have been completed using interRAI LTCF for all residents who have had a significant change in health status. The RN completing the plan signs care plan reviews. Short-term care plans sighted were evaluated and resolved or added to the long-term care plan if the problem is ongoing, as sighted in resident files sampled. Where progress is different from expected, the service responds by initiating changes to the care plan.
Standard 1.3.9: Referral To Other Health And Disability Services (Internal And External) Consumer support for access or referral to other health and/or disability service providers is appropriately facilitated, or provided to meet consumer choice/needs.	FA	The service facilitates access to other medical and non-medical services. Referral documentation is maintained on resident files. The RNs initiate referrals to nurse specialists and allied health services. Other specialist referrals are made by the GPs. Referrals and options for care were discussed with the family, as evidenced in medical notes. The staff provided examples of where a resident's condition had changed, and the resident was reassessed.
Standard 1.4.1: Management Of Waste And Hazardous Substances Consumers, visitors, and service providers are protected from harm as a result of exposure to waste, infectious or hazardous substances, generated during service delivery.	FA	There are implemented policies in place to guide staff in waste management. Staff interviewed were aware of practices outlined in relevant policy. Gloves, aprons and goggles are available, and staff were observed wearing personal protective clothing while carrying out their duties. Infection prevention and control policies state specific tasks and duties for which protective equipment is to be worn. Chemicals sighted were labelled correctly and were all stored safely throughout the facility. Safety data sheets are available.

<p>Standard 1.4.2: Facility Specifications</p> <p>Consumers are provided with an appropriate, accessible physical environment and facilities that are fit for their purpose.</p>	FA	<p>The facility has a current building warrant of fitness which expires on 1 August 2021. The physical environment allows easy access, movement for the residents and promotes independence for residents with mobility aids. There is a main communal dining and lounge area and smaller seating areas and lounges for more private conversation. The maintenance person (interviewed) carries out maintenance requests and records corrective actions in the maintenance book. Monthly internal building and external building maintenance schedules are in place. Water temperature monitoring of different rooms is carried out each month (sighted) and complies with regulations. Testing and tagging of electrical equipment has been conducted. The service is meeting the relevant requirements as identified by relevant legislation, standards and codes, including medical equipment, scales, hoists calibration and checking. The grounds are tidy, well maintained and able to be accessed safely. There are outdoor ramps with handrails, outdoor seating, shaded areas and raised garden beds. The residents who smoke have a designated outdoor smoking area.</p>
<p>Standard 1.4.3: Toilet, Shower, And Bathing Facilities</p> <p>Consumers are provided with adequate toilet/shower/bathing facilities. Consumers are assured privacy when attending to personal hygiene requirements or receiving assistance with personal hygiene requirements.</p>	FA	<p>There are adequate number of toilet and showering facilities. The rest home area has three wings with 29 rooms – all with full ensuite bathrooms. The hospital area has four wings with 34 rooms. Rooms in the hospital wings have handbasin facilities and shared shower and toilet facilities. Privacy locks are in place. Vacant/in use signage is on the toilet/shower rooms. All residents interviewed confirmed their privacy was maintained while attending to personal hygiene cares.</p>
<p>Standard 1.4.4: Personal Space/Bed Areas</p> <p>Consumers are provided with adequate personal space/bed areas appropriate to the consumer group and setting.</p>	FA	<p>All resident's rooms are of an appropriate size to allow care to be provided and for the safe use and manoeuvring of mobility aids. Residents are encouraged to personalise their bedrooms.</p>
<p>Standard 1.4.5: Communal Areas For Entertainment, Recreation, And Dining</p>	FA	<p>There is a main dining room and lounge for the residents. Other lounges are situated at the end of each wing. The dining room is adjacent to the kitchen area. All areas are easily accessible for the residents. The furnishings and seating are appropriate for the resident group. Residents were seen to be moving</p>

<p>Consumers are provided with safe, adequate, age appropriate, and accessible areas to meet their relaxation, activity, and dining needs.</p>		<p>freely within the communal areas throughout the audit. Residents interviewed reported they can move freely around the facility and staff assist them if required.</p>
<p>Standard 1.4.6: Cleaning And Laundry Services</p> <p>Consumers are provided with safe and hygienic cleaning and laundry services appropriate to the setting in which the service is being provided.</p>	FA	<p>Housekeeping staff complete the cleaning, and the service has designated laundry staff. The cleaning trolleys are well equipped, and all chemical bottles are labelled. Protective wear including plastic aprons, gloves and goggles are available in the laundry. Staff observed on the day of audit were wearing correct protective clothing when carrying out their duties.</p> <p>The laundry has a clean/dirty flow. The chemical provider monitors the effectiveness of laundry processes. Internal audits have been completed for laundry and cleaning. Residents expressed satisfaction with cleaning and laundry services.</p>
<p>Standard 1.4.7: Essential, Emergency, And Security Systems</p> <p>Consumers receive an appropriate and timely response during emergency and security situations.</p>	FA	<p>A fire evacuation plan is in place that has been approved by the New Zealand Fire Service. Six monthly fire evacuation drills take place (last in September 2020). There are emergency management plans in place to ensure health, civil defence and other emergencies are included. There are emergency folders with specific information held in each nurse's station and centrally located emergency supplies. Emergency food supplies are included in the kitchen stores. There are adequate supplies in the event of a civil defence emergency including four 1,000 litre water tanks and a further supply of bottled water stored in the garage. Emergency management is included in staff orientation and ongoing as part of the education plan. A minimum of one person trained in first aid is available at all times. Thirty-eight staff have a current first aid certificate.</p> <p>There are call bells in the residents' rooms, ensuites, communal toilets and lounge/dining room areas. Residents were observed to have their call bells in close proximity. The building is secure after hours.</p>
<p>Standard 1.4.8: Natural Light, Ventilation, And Heating</p> <p>Consumers are provided with adequate natural light, safe ventilation, and an environment that is maintained at a safe and</p>	FA	<p>General living areas and all resident rooms are appropriately heated and ventilated. All rooms have external windows that open allowing plenty of natural sunlight.</p>

comfortable temperature.		
Standard 3.1: Infection control management There is a managed environment, which minimises the risk of infection to consumers, service providers, and visitors. This shall be appropriate to the size and scope of the service.	FA	<p>The infection control coordinator is a registered nurse with a defined job description that outlines the role and responsibilities. The infection control team (quality team) which includes representatives from each area of the service meet bi-monthly. The infection control programme is appropriate for the size and complexity of the service. The programme is approved and reviewed annually by the infection control coordinator, management and through two monthly quality meetings. Meeting minutes are available to all staff and infection control is an agenda topic at staff meetings.</p> <p>There are adequate hand sanitisers placed throughout the facility. Contact tracing and wellness declarations are completed by all visitors to the facility. Visitors who are unwell are asked not to visit the facility. Posters reminding visitors are visible at the entrance to the facility.</p>
Standard 3.2: Implementing the infection control programme There are adequate human, physical, and information resources to implement the infection control programme and meet the needs of the organisation.	FA	<p>The infection control coordinator provides a report to the facility meetings. Resources for infection control include (but not limited to) the local DHB infection control specialist, Ministry of Health website, the NZACA, microbiologist and the public health team for advice and resources as required. The infection control coordinator has completed an infection control course through the Health learn online programme and has access to the DHB infection control study days.</p> <p>During the Covid-19 lockdown, staff were separated into 'bubbles' for rest home and hospital residents. Separate entries were used. There were procedures around staff coming to and leaving work, laundering uniforms, and minimising risks. Changing rooms were provided. Red and green zones were identified in the event of a resident contracting Covid-19. The pandemic plan has been updated to reflect Covid-19. The service has been working closely with the DHB around the development of policies and procedures for future lockdown. A procedure for staff to follow afterhours is in draft form to be discussed and approved at the next quality meeting. This includes procedures and staffing plans for each level of lockdown. Adequate supplies of personal protective equipment were sighted. There were no recommendations following the DHB Covid-19 audit.</p>
Standard 3.3: Policies and procedures Documented policies and procedures for the prevention and control of infection reflect current accepted good practice and relevant	FA	Policies and procedures are provided by an external consultant. These have been reviewed regularly and reflect current legislation and best practice. The infection control policies and pandemic plan have been updated to reflect Covid-19.

legislative requirements and are readily available and are implemented in the organisation. These policies and procedures are practical, safe, and appropriate/suitable for the type of service provided.		
Standard 3.4: Education The organisation provides relevant education on infection control to all service providers, support staff, and consumers.	FA	Infection control education is included during staff orientation to the service. Ongoing education is provided at the study day sessions for all staff members to attend. Extra topical toolbox sessions are held as required. Education sessions held in 2020 included types of isolation, hand hygiene, outbreak management, donning and doffing personal protective equipment.
Standard 3.5: Surveillance Surveillance for infection is carried out in accordance with agreed objectives, priorities, and methods that have been specified in the infection control programme.	FA	Infection surveillance and monitoring is an integral part of the infection control programme and is described in the infection prevention and control policy. Monthly infection data is collected for all infections based on signs and symptoms of infection. An individual electronic resident infection form is completed which includes signs and symptoms of infection, treatment, follow-up, review and resolution. The electronic system provides graphs and a monthly report which is discussed at all meetings. Anything urgent is discussed at staff handovers. Infection rates reviewed were low. There was a gastroenteritis outbreak in July 2020. The public health service was notified in a timely manner. Logs were maintained, and daily staff updates were provided. The outbreak was well managed and documented.
Standard 2.1.1: Restraint minimisation Services demonstrate that the use of restraint is actively minimised.	FA	There is a documented definition of restraint and enablers, which is congruent with the definition in NZS 8134.0. There are clear guidelines in the policy to determine what is restraint is and what is an enabler. The restraint policy includes comprehensive restraint procedures. There is currently one resident using bedrails as an enabler. Five residents were using restraints (one resident with a wheelchair lap belt and bedrails, three residents using bedrails, and one resident uses a fall out chair). Three residents with restraint were reviewed. The files sampled evidenced that a documented three-monthly review of restraint has been conducted. The restraint standards are being implemented and implementation is reviewed through internal audits, facility restraint meetings, and regional restraint

		meetings and at an organisational level.
Standard 2.2.1: Restraint approval and processes Services maintain a process for determining approval of all types of restraint used, restraint processes (including policy and procedure), duration of restraint, and ongoing education on restraint use and this process is made known to service providers and others.	FA	The restraint coordinator is the clinical manager (registered nurse). The service has a signed restraint coordinator position description. Assessment and approval processes for restraint interventions included the restraint coordinator, clinical manager, registered nurses, resident/or family representative and the general practitioner. Restraint use and review is part of the monthly quality and registered nurse meetings. Restraint approval meetings are held annually.
Standard 2.2.2: Assessment Services shall ensure rigorous assessment of consumers is undertaken, where indicated, in relation to use of restraint.	FA	The service completes comprehensive assessments for residents who require restraint interventions. These are undertaken by suitably qualified and skilled staff in partnership with the family/whānau. Assessments and approvals for restraint were fully completed. Care plan interventions included consideration of residents' needs, food and fluid intake, pain monitoring, skin monitoring, and continence. Soft sides are used for residents using bedrails. These were sighted in the three files reviewed.
Standard 2.2.3: Safe Restraint Use Services use restraint safely	FA	The restraint minimisation policy identifies that restraint is only put in place where it is clinically indicated and justified, and approval processes are followed. The three restraint files reviewed had a completed assessment form and a care plan that reflected risk and interventions to manage the risk. Monitoring forms that included regular two hourly monitoring (or more frequent) were present in the files reviewed. The service had a restraint register which has been updated at least three-monthly.
Standard 2.2.4: Evaluation Services evaluate all episodes of restraint.	FA	The service has documented evaluation of restraint every three months, and a six-monthly review with family as part of the care plan review. In the three restraint files reviewed, evaluations had been completed with the resident, family/whānau, restraint coordinator and medical practitioner. Evaluation timeframes were determined by risk levels. Any restraint incidents are recorded on the electronic incident reporting system and discussed at the restraint committee meetings.

Standard 2.2.5: Restraint Monitoring and Quality Review Services demonstrate the monitoring and quality review of their use of restraint.	FA	The service actively reviews restraint as part of the internal audit and reporting cycle. Reviews were completed at least three-monthly. Reviews were completed by the restraint coordinator. Restraint use is reviewed as part of the quality team meeting. There is a restraint committee. The service benchmarks restraint through the electronic system with comparable services.

Specific results for criterion where corrective actions are required

Where a standard is rated partially attained (PA) or unattained (UA) specific corrective actions are recorded under the relevant criteria for the standard. The following table contains the criterion where corrective actions have been recorded.

Criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1: Service providers demonstrate knowledge and understanding of consumer rights and obligations, and incorporate them as part of their everyday practice relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights.

If there is a message “no data to display” instead of a table, then no corrective actions were required as a result of this audit.

Criterion with desired outcome	Attainment Rating	Audit Evidence	Audit Finding	Corrective action required and timeframe for completion (days)
Criterion 1.3.3.3 Each stage of service provision (assessment, planning, provision, evaluation, review, and exit) is provided within time frames that safely meet the needs of the consumer.	PA Low	Eight resident files were reviewed. InterRAI assessments have been completed for all residents. Risk assessments have also been completed where required for all residents reviewed. Long-term care plans were comprehensive and provided detailed interventions to guide care staff in the care of residents. However, not all risk assessments had been completed after the interRAI assessments, and long-term care plans were not completed within the required timeframes. It is acknowledged that the clinical manager and nursing team had identified the issues with timeframes and completion of documentation and have taken steps to improve this. InterRAI assessments have been completed six-monthly in eight of eight files.	Completion of risk assessments and care plans were overdue in six of eight files reviewed – five hospital and one rest home file.	Ensure that all aspects of the care planning process are completed in a timely manner. 90 days

Specific results for criterion where a continuous improvement has been recorded

As well as whole standards, individual criterion within a standard can also be rated as having a continuous improvement. A continuous improvement means that the provider can demonstrate achievement beyond the level required for full attainment. The following table contains the criterion where the provider has been rated as having made corrective actions have been recorded.

As above, criterion can be linked to the relevant standard by looking at the code. For example, a Criterion 1.1.1.1 relates to Standard 1.1.1: Consumer Rights During Service Delivery in Outcome 1.1: Consumer Rights

If, instead of a table, there is a message “no data to display” then no continuous improvements were recorded as part of this audit.

No data to display

End of the report.